

# ILLUMINAR

PRODUCTION EQUIPMENT & SUPPORT PROFESSIONALS

## Credit Card Authorization

Company Associated With:		
Telephone #:		
Job Name :		
Credit Card Billing Name :	Billing Contact Email:	
Billing Address:		
City:	State:	Zip Code:
Keep Card On File <input type="checkbox"/>		
Credit Card Type :    Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AmEx <input type="checkbox"/>		
Credit Card #:	Expiration Date:	
Visa or MasterCard: 3 digit CID # _____ (The CID no. is the 3-digit value printed on the signature panel on the back of the card)		
American Express: 4 Digit CID # _____ (The CID no. is the 4-digit value, non-embossed number printed above your account number on the face of your card)		
I authorize Illuminar LLC. To charge my credit card identified above for any payment for which I may become liable hereunder including the full amount of any service which remain unpaid 60 days after the date of invoice. I understand that a 3.5% service charge may be added to all amount's that are paid later than 30 days from the invoice date.		
Authorized Signature:		
Print Cardholders Name :		
Note: MUST have a photocopy of the credit card (front and the back) and the cardholder's driver's license sent back with this form.		